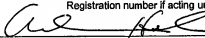


|   |                                  |  |                          |
|---|----------------------------------|--|--------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |                                  | <b>Docket Number (Optional)</b><br>09859/0201805-USO |                          |
| <b>Application Number</b> 10/506,349-Conf. #1041  |                                  | <b>Filed</b> September 1, 2004                       |                          |
| <b>For</b> INTRAORALLY RAPIDLY DISINTEGRABLE TABLETS  |                                  |  |                          |
| <b>Art Unit</b> 1615  |                                  | <b>Examiner</b> C. S. Hagopian                       |                          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |  |                          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |  |                          |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | <b>Fee</b>   | <b>Small Entity Fee</b>  |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$130  | \$65 \$ _____            |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | \$490  | \$245 \$ _____           |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1110   | \$555 \$ <u>1,110.00</u> |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$1730   | \$865 \$ _____           |
| <input type="checkbox"/>  |                                  | \$2350   | \$1175 \$ _____          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |                          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |  |                          |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |  |                          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> .                 |                                  |  |                          |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.               |                                  |  |                          |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                                  |  |                          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,813</u>  |                                  |  |                          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |                                  |  |                          |
| Registration number if acting under 37 CFR 1.34 _____   |                                  |  |                          |
| <br>Signature  |                                  | <u>January 15, 2009</u><br>Date                      |                          |
| <u>Andrew K. Holmes</u><br>Typed or printed name  |                                  | <u>(212) 527-7700</u><br>Telephone Number            |                          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |  |                          |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |  |                          |